



**COMMUNITY DEVELOPMENT DEPARTMENT  
CITY OF WAUSAU**

**2020 BLOCK GRANT- CARES  
FUNDING APPLICATION**

\_\_\_\_\_  
(Date Received by City)

**NOTE: Separate applications are required for each type of funding and activity for which you are applying. Combined applications and budgets will not be accepted and will be returned.**

**Name of Program: \_\_\_\_\_ Amount Requesting: \$ \_\_\_\_\_**

Applicant Organization Name: _____	
Organization Address: _____	City _____ Zip _____
Contact Person: _____	Title _____
Contact Person's Telephone Number: _____	Fax Number: _____
E-Mail address: _____	
Is applicant a 501(C)(3) organization? Yes _____ No _____	
Federal Employer Identification number: _____	DUNS #: _____
Executive Director: _____	Phone Number _____
Board President: _____	Phone Number _____

**Check One:** Organization has received funds from Community Development Block Grant in the past \_\_\_\_\_  
Organization has not received funds from Community Development Block Grant in past \_\_\_\_\_

**NOTICE:**

**If a false statement or misrepresentation occurs in this proposal and if funds are awarded, all funds and the contract will be in default. The City may declare all or any part of the awarded funds to be due and repayable immediately to the City and the contract will be voided.**

*All applications are due to Community Development by April 24, 2020 at 4:30 p.m.*

**PROGRAM DESIGN SPECIFICATIONS:**

Describe the work to be performed, including the activities to be undertaken, the goals and objectives, method of approach and the implementation timetable. All activities MUST be a direct relation to the COVID-19 pandemic and how it will assist those affected.

---

---

---

---

---

---

---

---

---

---

**\*\*\*RESPONSE LIMITED TO THIS SPACE ONLY\*\*\***

**ACHIEVEMENT INDICATOR:**

Estimated number of clients to be served? \_\_\_\_\_ *Or*

Estimated number of units? \_\_\_\_\_ *Or*

Estimated number of jobs to be created? \_\_\_\_\_

**TARGET POPULATION:**

Describe the households/persons to be served and the outreach/client selection process.

---

---

---

---

---

---

---

---

---

---

**\*\*\*RESPONSE LIMITED TO THIS SPACE ONLY\*\*\***



**TOTAL PROGRAM BUDGET: REVENUE**  
(Inclusive of all programs operated by your agency)

**Organization Name:** \_\_\_\_\_ **Program Name:** \_\_\_\_\_

Show the proposed budget for this proposed program.

CATEGORY	2020
Government Grants (list sources)	
A.	\$
B.	
C.	
D.	
<b>Subtotal</b>	<b>\$</b>
Foundation Grants (list sources)	
A.	
B.	
C.	
D.	
<b>Subtotal</b>	
Other Revenue (list sources)	
A.	
B.	
C.	
D.	
<b>Subtotal</b>	
<b>TOTAL REVENUE</b>	<b>\$</b>

**PROGRAM BUDGET: EXPENSES**  
(Specific to program you are applying for)

**Organization:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

Prepare a proposed budget for the program for which you are applying. Include all committed and pending funds to operate this program.

<b>Category</b>	<b>Requested Funds</b>	<b>Committed Funds</b> (list source)	<b>Pending Funds</b> (list source)
Personnel			
Fringe Benefits			
Occupancy/Utilities			
General Services (training, travel, printing, advertising, memberships)			
Supplies (office products, postage, computer and cleaning supplies, publications)			
Contractual Services (accounting, legal, consulting, insurance)			
Equipment (purchase/rental)			
Other Costs (please describe)			
<b>TOTAL COSTS</b>			

